

IN THE UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI

CARL H. AMBURN JR. )  
(full name) Plaintiff )

V. )

PAM TRIPP )  
(full name) Defendant(s) )

15-3288-CV-S-BCW-P  
Case No. \_\_\_\_\_

Defendant/Defendant(s) are sued in  
their (check one)

\_\_\_\_ Individual Capacity

\_\_\_\_ Official Capacity

X Both

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff Texas County  
Justice Center, Houston, Missouri

II. Parties to this civil action:

Please give your commitment name and any other name(s) you have  
used while incarcerated. CARL H. AMBURN JR.

A. Plaintiff CARL H. AMBURN JR.

Plaintiffs address 261 KELLY ROAD RAYMONDVILLE, MO 65555

B. Defendant/Defendant(s) PAM TRIPP

ACTING UNDER COLOR OF STATE LAW

Is employed as TAILER / JAIL SUPERVISOR

For additional plaintiffs or defendants, provide above information  
in same format on a separate page, and attach to this Complaint.

1.

IM SUING PAM TRIPP IN HER INDIVIDUAL & OFFICIAL CAPACITY

III. Do your claims involve medical treatment? Yes X No \_\_\_\_\_

IV. Do you request a jury trial? Yes X No \_\_\_\_\_

V. Do you request money damages? Yes X No \_\_\_\_\_

State the amount claimed? \$ 500,000 / 500,000 (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes X No \_\_\_\_\_

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes X No \_\_\_\_\_

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution? Yes \_\_\_\_\_ No X

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

Pam Tripp, jailer, failed to file my grievance's so none of  
them was ever filed

D. If you have not filed a grievance, state the reasons.

Pam Tripp, Jailer would not file them for me

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes \_\_\_\_\_ No X

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes \_\_\_\_\_ No X

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: \_\_\_\_\_ N/A \_\_\_\_\_  
(Plaintiff) (Defendant)

(2) Date filed: \_\_\_\_\_ N/A \_\_\_\_\_

- (3) Court where filed: N/A
- (4) Case Number and citation: N/A
- (5) Basic claim made: N/A
- (6) Date of disposition: N/A
- (7) Disposition: N/A  
(Pending) (on appeal) (resolved)
- (8) If resolved, state whether for: N/A  
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

VIOLATED 8<sup>TH</sup> AMENDMENT BY CRUEL & UNUSUAL PUNISHMENT.  
PAM TRIPP ALLOWING ME TO SUFFER WITH MEDICAL CONDITION.

VIOLATED 14<sup>TH</sup> AMENDMENT DUE PROCESS BY FAILING  
TO FILE GRIEVANCES

- B. State briefly your legal theory or cite appropriate authority:

MY UNITED STATES CONSTITUTIONAL AMENDMENT RIGHTS  
WERE VIOLATED WHICH PUTS PAM TRIPP IN VIOLATION  
OF THIS 14<sup>TH</sup> CONSTITUTIONAL AMENDMENT RIGHTS BY FAILING  
TO ALLOW MY DUE PROCESS RIGHTS WHEN SHE NEELECTED  
TO FILE OR ACKNOWLEDGE MY GRIEVANCES AND MY 8<sup>TH</sup>  
BY ALLOWING ME TO SUFFER WITH A MEDICAL CONDITION BY  
NOT BRINGING THIS TO A MEDICAL DOCTORS ATTENTION.

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.  
ORDER, DEMAND, COMPEL PAM TRIPP TO GIVE ME MEDICAL ASSISTANCE NEEDED IN THIS GRAVE MEDICAL SITUATION

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. Neldon Neal-( Jailhouse Lawyer )

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes ☐ No ☒

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

N/A

C. Have you previously had a lawyer representing you in a civil action in this court? Yes ☐ No ☒

If your answer is "Yes," state the name and address of the lawyer.

N/A

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed (signed) this 16<sup>TH</sup> day of JUNE 2015

Paul H. Ambrose  
Signature(s) of Plaintiff(s)

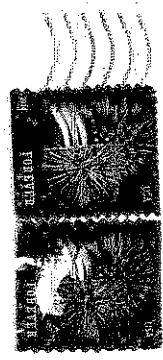
I CARL AMBURN WAS OVER MEDICATED AT TEXAS COUNTY JAIL WITH THE DRUG QUETIAPINE 1600 mg. A DAY TO 3000 mg. A DAY WELL OVER THE AMOUNT OF WHAT IS A DAILY DOSAGE OF ANYONE MY SIZE. DOSE ABOVE 200mg DAILY HAVE NEVER BEEN STUDIED. THEN THEY SUDDENLY STOP ME FROM TAKEN IT. WITHOUT TALKING TO A DOCTOR. "WHEN IT RECOMENDED NOT TO SUDDENLY STOP TAKING QUETIAPINE WITHOUT FIRST TALKING WITH DOCTOR. YOU MAY HAVE AN INCREASED RISK OF SIDE EFFECTS. IF YOU NEED TO STOP QUETIAPINE, YOUR DOCTOR WILL GRADULLY LOWER YOUR DOSE. THIS WAS NOT DONE AT ALL. I WAS HAVING COLAN PROBLEM AS WELL AT THIS TIME THIS WAS ALL HAPPENING. I FILLED OUT NUMERUS GREIVENCES AND REQUEST AND MEDICAL REQUEST FORMS. FINELLY ON THE 26<sup>th</sup> OF MAY I GOT 3 GREIVCES BACK FROM THE 7<sup>th</sup>, 10<sup>th</sup>, 12<sup>th</sup> THE FIRST 2 GREIVENCES WAS EVEN SIGNED OR DATED. JUST SEE "ATTACHED PAGE" WHICH WAS THE 12<sup>th</sup> OF MAY. IT WAS FINALLY ANSWERED 18 DAY AFTER FILLIN THE FIRST ONE. WITH TWO LIES ONE WAS ANSWERED THAT THE NURSE SAID MY BLOOD PRESURE WAS PERFECTLY FINE FOR SOMONE MY AGE AND WEIGHT. MY BLOOD PRESURE WAS LOGED IN VERY HIGH ON THE 21 OF MAY 6:00AM BY JAILOR LEON. NOT NORMAL AT ALL. THEN THE SECOND LIE WAS THAT I WOULD SEE THE DOCTOR ON THE 26<sup>th</sup> SAME DAY. PAM TRIPP FINALLY REPIED TO MAYBE 5% OF WHAT IVE FILLED OUT AND SENT IN. I FINALLY GOT TO SEE DOCTOR ON JUNE 3/2015. AND I ASK THE DOCTOR TO LET ME HAVE MY MEDICAL RECORDS? PLEASE AND THAT I WAS HAVING REALLY BAD SIDE AFFECTS FROM THIS DRUG I WAS ON. WELL HE SAID HE HAD NO PROBLEM GIVEN ME MY MEDICAL RECORDS. BUT PAM TRIPP WOULD HAVE TO MAKE COPIES FOR ME. SO I GO OUT OF MEDICAL ROOM TO BOOKING ASKED PAM TRIPP IF SHE COULD GET ME COPIES OF ALL OF MY MEDICAL RECORNOS. SHE STATES SHE DIDNT HAVE TIME IN FRONT OF INMATES. I HAVE ALL STATEMENTS FOR THAT I ALSO ASK JAILER MARK IF HE COULD DO THAT FOR ME HE LOOKED AT PAM TRIPP AND SAID HE COULDN'T DO IT. THEN PAM TRIPP SAID SHE WASNT ALLOWED TO MAKE COPIES OF MEDICAL RECORDS ANYMORE. NOT ONLY THAT PAM TRIPP HAS LOST A MOTION TO COURT FOR THE RELEASE

OF MY GRIEVANCE AND REQUEST. AND MEDICAL RECORDS ONE OF THE JAILER PUT  
THE N. PAMTRIAPP OFFICE NEVER GOT FILLED OR MADE IT TO COURTS ABOVE. THEN  
THE 2<sup>ND</sup> MOTION BULLIFF BROWN WAS GAVE TO TAKE TO COURTS. NEVER HEARD ANYTHAN  
ASK WHAT HE DID WITH IT. HE SAID HE GAVE IT TO JAILER. NEVER SEEN  
GAIN. LOST AT PAMTRIAPP'S DESK AGAIN. THE JAILER WONT LIE. AND MR BROWN  
WONT EITHER. I CANT GET MY GREIVENCES COPY BACK AT ALL FROM PAMTRIAPP. MY  
FAMILY HAS CALLED UP AT THE JAIL AND ASK 5 DIFFERENT JAILERS INCLUDING  
PAMTRIAPP TO FIND OUT WHAT MEDICINE I WAS TAKING AND NONE OF  
THEM COULD TELL MY FAMILY. JUST EXACTLY WHAT THEY WAS GIVING ME.  
AT ALL. ONE EVEN SAID IT WASNT HIS JOB. THIS IS WHAT IVE DEALT WITH. ....  
TODAY ON THE 17 OF JUNE. I WENT TO SEE THE NURSE FOR ALL THE SIDE  
EFFECTS. THAT IM HAVE FINALLY AFTER 5 MEDICAL REQUEST. THAT IVE PUT  
IN. FOR ALL THIS MATTER. WHILE WAITIN. PAMTRIAPP CAME TO THE BENCH TO  
TALK TO ME ABOUT MY GREIVENCES THAT I WROTE HER. SHE SAID THAT SHE  
WAS TO TRY TO ANSWER THE GREIVENCES THAT I FILLED. SHE TOLD ME THAT  
HE COULD THROW THEM AWAY. SHE SHOWED ME A STACK OF GREIVCES FROM  
INMATES ABOUT AN INCH THICK. I TOLD THAT IVE HAD MEDICAL PROBLEMS. I  
JUST NEED TO SEE THE DOCTOR. AND I NEED COPY OF MY INMATE ACCOUNT FOR.....  
AT LEAST 2 WEEKS NOW. IF YOU WAS TO GET THE CAMRA RECORDING OF BOOKING  
AREA AT TEXAS COUNTY JAIL 200 PM TO 300 PM JUNE 17. IF YOU COULD SEIZE  
THAT CAMRA RECORDING IT 200 TO 300 PM BOOKING ON THE BENCH YOU COULD WITNESS  
YOUR SELF. JUST HOW PAMTRIAPP TOLD ME SHE WOULD THROW MY GREIVENCES  
WAY IN THE TRASH. PLEASE HAVE THIS SEIZED BEFORE THE FILM IS GONE  
IT PROVES MY WHOLE POINT. PLEASE HELP ME WITH A ATTORNEY IN THIS MATTER  
THANK YOU

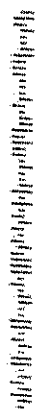
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TEXAS COUNTY JAIL

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KANSAS CITY, MO 64106